

Rosse (J. C.)

Triple personality



Compliments of the writer.

Reprinted from THE JOURNAL OF NERVOUS AND MENTAL DISEASE, March, 1892.

TRIPLE PERSONALITY.¹

By IRVING C. ROSSE, A.M., M.D., F.R.G.S.,

Professor of Nervous Diseases, Georgetown University, Washington, D.C.

SINCE occupying myself with this paper I have noticed that variations of personality seem to have interested both the psychologist and physician. Several recent contributions, mostly French, have appeared relating to the so-called diseases of personality, and I find myself anticipated in much that I would otherwise have said. The subject has been touched upon in "Shadows Around Us," and in "Linked to the Past," while triple individuality has called forth a facetious little volume under the title of "I, Me, and Him."

Most of the reported cases in which the normal unity of the consciousness is broken appear to be states of double consciousness, doubling of the personality, or of periodic asynesia,² and I find conspicuous by their absence the mention of cases in which these oppositions or scissions in the ego have taken on a triple character.

Without attempting a definition of the convenient abstraction known as personality, I shall assume that, being a consensus or a composite of complex character, it follows that its disturbances are multiform. We are not bound to the number two in considering the mass of conscious, sub-conscious and unconscious states that may succeed one another in our body. To whom has it not happened, in studying the metamorphosis of his psychic individuality, that it raises, lowers, or stays at a level; or, in other words, that at one time he experiences exuberant vitality, at another depression, and again the normal state or usual tone of life known as euphory?

¹ Read at the meeting of The American Neurological Association, at Washington, September 22, 23 and 24, 1891.

² See writer's article, "Memory, Disorders of," in Reference Handbook of the Medical Sciences.



Experience, moreover, shows that the variable elements making up personality may often lead us to hesitate between three decisions. To whom, for instance, has it not happened to travel in one direction, or the opposite, or to stay at home? To whom has it not occurred many times in life to act in presence of three different circumstances, each one of which necessarily excludes the other two?

Many of us know of mental disintegration in certain hysterical persons, of the lack of fusion in the psychic life of spiritualistic mediums and somnambulists; and hypnotism reveals the fact that subjects exist in whom is an intelligence other than that of the normal psychic individual acting by the side of this ego without its being in any way opposed. For instance, in the creation of artificial personality by hypnotism, experiment may show, first, a lethargic state, characterized by neuro-muscular excitability; a second cataleptic state, produced by raising the eyelids; and a third, a somnambulic one, caused by pressure on the vertex. If during the cataleptic state the right eyelid is lowered, the left brain is acted upon and a lethargic state of the right side only is brought about, the subject becoming hemi-lethargic on the right and hemi-cataleptic on the left.

The existence of triple variations runs through so many things in our experience, both familiar and clinical, that an interesting enumeration of them might be made. For example, it is not a psychic curiosity to hear three different opinions expressed by any two Germans that one overhears in animated conversation. We have triplets occasionally, although obstetricians tell us that it occurs but once in five thousand births. We have been taught much about the tripod of life—the three great functions, circulation, respiration, and the nervous system, and of the three ways in which death occurs, namely, by syncope, asphyxia, and coma. We consider the intellect, sensibility, and will in studying phenomena of the normal mind, and as neurologists we observe in our patients the sensory, motor, and mental symptoms which, by the way, can only be studied as subjective, objective, and ejective. The prevalence of the

number three in accounts of abnormal phenomena may be partly accounted for by literary or religious associations. However, it need scarcely be said that this triple point of view is not confined to the matters in question. Sociologically speaking, every man is what he conceives himself to be, what his neighbors conceive him to be, and what he really is. The "Autocrat of the Breakfast Table" has adopted the theory of triple personality, which he has so entertainingly developed in the "Three Johns," and Adam Lyttleton, in one of his sermons, asserts that every man is made of three *Egos* and has three selves in him. Coëxistent personalities are also known to occur in dreams. The attitude of the ego may take on several shapes during uneasy sleep, when a medical man, for instance, becomes several personalities, one or both die, and he, as the survivor, makes the necropsy. Everybody knows the place that the doctrine of the Trinity holds in theology. As a factor it is known to lend color to mental disturbances, since individuals suffering from disordered memory or from inhibited activity of the higher volitional powers have believed themselves to be triple. Esquirol tells of a priest who, having applied his mind too ardently to the service of the Holy Trinity, finished by seeing around him triple objects; feigned himself to be three persons, and wished that he be served at table three covers, three dishes and three plates.

To confine myself to concrete facts and authentic observations that have come within the range of personal experience, I may mention several instances in which the illusive transformation assumed a triple character.

A single woman, of thirty-two, from the South, had been heroically dosed with calomel and quinia for malaria, and on reaching Washington had undergone a course at Dr. Hammond's Sanitarium, where bromides, hypnotism, and other things had been tried. During the seven weeks that she was under my treatment I noticed hystero-catalepsy with melancholia, beatific visions, and occasional insomnia. There was no appreciable uterine trouble; appetite fair, bowels regular, and she seemed rational on all subjects, until shortly before quitting me, when in a fit of despair she

related the whole story of her persecution and ill-health, which she alleged had been brought about by a "Vadoux" spell cast on her a few years since by a negro man. She supplemented her own case by mentioning a number of others that she knew of. One of the peculiarities of this case was triple vision, although there were no appreciable intra-ocular changes, as the eyes were examined by a competent ophthalmologist, Dr. Burnett, who reported the eye grounds normal. This patient died insane at an institution near Baltimore.

The next case was that of a woman of sixty-eight, who for some years had suffered from paretic tremor. A week before death she had triple vision; but in this instance there was opacity of the right crystalline lens.

I have now under treatment a patient suffering from the effects of an occlusion of one of the cerebral arteries. When taken ill some months ago he was in the street near the Riggs House, of this city, and on looking up at that building distinctly saw three of the kind piled up one on top of the other. This illusion has now disappeared under specific treatment.

In an insane patient, a middle-aged man, lately under my observation, there was an illusive transformation of the auditory function. This man heard three distinct voices, one of which talked to him in a loud tone; the other spoke at a distance with a hissing sound like escaping steam, while the third was a wee, small voice or a microphonic whisper.

But the most extraordinary case of these triple delusions—one in fact that inspired this paper—came under my notice some time since in the person of a marine who was discharged the service in May, 1890, on account of insanity. I found this man extremely voluble in speech, and had no trouble in getting him to explain his triple personality, which, in addition to himself, consisted of a "young man" and "Lucifer." The annexed history is from himself and other sources:

M. L., æt. thirty-five years; brasier; single; nativity, Connecticut; education, common school; religion, Roman Catholic.

No appreciable sign of physical ill-health; but head brachycephalic and suggestive of hydrocephalus. Pupillary reflexes normal.

Oldest of seven children, all living and healthy, except two deceased sisters, one of whom died at twenty-eight years, feeble-minded and very religiously inclined. Father, who died four years ago—cause unknown,—was a drunkard.

Otherwise the patient has no hereditary or atavistic antecedents of note. His habits, from earliest manhood, have been of a kind that it would be charitable to designate simply as irregular. Alcoholic, nicotinic, and venereal excesses have been followed by persistent masturbation and constant erotic tendency.

M. L. had chicken pox at seven and scarlet fever at nine years ; otherwise of good health, except occasional biliousness and mental depression.

Nothing unusual occurred in his life until about 1884, when he got to drinking, became nervous, sleepless, and finally had *mania a potu*, with a series of epileptiform convulsions. His physicians prescribed more whiskey and a hypodermic of morphia, which did not quiet him altogether, and while lying on the bed a "picture form" appeared on the wall and gradually assumed the semblance of Lucifer, whose voice issued forth, saying: "Who has half of your blood? God or the Devil?" [the beginning of the delusional state as near as can be ascertained]. Leaping from bed he ran to a priest's house for protection from the Evil One. Subsequently was sent to a private asylum for four weeks ; afterwards under asylum treatment on three different occasions, about three years in all, finally escaping, and getting drunk was arrested for using profane language on the street, and spent four weeks in jail. Regaining his liberty, worked as a porter, Lucifer still pursuing him, but not so troublesome as formerly. On speaking to a priest about the delusion, the patient was advised to stop drink. Shortly after, went to New York, where he kept up his bad habits. At length returned to his home in Connecticut, insulted his mother, sister, and a young woman visitor, owing to which erotic conduct he was compelled to quit the paternal roof, ultimately bringing up in Boston, where he enlisted in the Marine Corps. This last act was voluntary and not the outcome of Lucifer's instigations, as were the preceding acts, especially those of a criminal or sinful nature ; but when asked by the examining officer if there had ever been anything the matter with him that would tend to disqualify him for military service, Lucifer spoke up and said, "No !" After enlisting he kept up his bad habits. He was transferred to Washington, where his erotic habits and eccentric conduct, particularly his speaking aloud to himself and gesticulating wildly while communing with Lucifer, attracted the attention of officers and men, and led to his being sent to hospital.

M. L. speaks of himself as an innocent person who is controlled by a spirit whom he calls "the young man," and who in his turn is under the influence of Lucifer, or at any rate is engaged in a continual struggle with the latter for supremacy in controlling the actions of L. The "young man" abuses himself sexually at times, but L. is not responsible for these actions. He does not see Lucifer, but hears him talking and roaring like a lion when opposed and angered. Lucifer tells him to kill the writer or other person finding out L.'s business, but he resists that advice.

The patient is generally well conducted, and when not assisting at work about the ward will go to a secluded place, where he can be heard upbraiding Lucifer in a loud tone for attempting to control his speech and actions against his will and tempting him to do things that he knows to be improper. The patient dwells a great deal on the importance of religious duties; earnestly wishes to comply with the rules of the Church, and firmly believes that Lucifer can be expelled or cast out by a species of exorcism.

Patient's memory is fair as regards dates, but he is indifferent to surroundings and to recent occurrences, political or other; knew when Mr. Cleveland was President; don't know who is now, and don't care, his only concern being to get his first personality out of trouble, as he feels that he has to answer to God for being the cause of them. For the past six years he has been in league with Lucifer to "down" L., but for the last six months he has endeavored to give up his dealings with Lucifer and to assist L. to return to God. He, as the "young man," wants to become L.'s good angel. Formerly he was L.'s bad angel or evil counsellor, owing to some sinful act, which placed him in Lucifer's power. At each attempt to emancipate himself from the power of Lucifer the latter tantalizes him in every conceivable way. He says Lucifer is afraid of God, but tries to bluff L. into the belief that God does not know and see all things. The patient keeps religious souvenirs about him, which displease Lucifer and induce "kicking" on his part.

In this case the condition has remained nearly the same, with the exception of about three months of comparative inactivity of delusion nine months ago, since which time gradual impairment of the faculties has left the patient in a state of dementia.



